

## RENTAL PROPERTY NOTIFICATION

Codes Compliance Division 401 Lafayette Street, Williamsburg, VA 23185 757-220-6136 / Fax 757-259-3798

RENTAL PROPERTY ADDRESS: (Comp	plete one form for each dwelling	រូ unit)
OWNER INFORMATION:		
NAME:	PHONE NUMBER	₹:
HOME ADDRESS:		
CITY:	STATE:	_ ZIP:
E-MAIL ADDRESS:		_
Co-OWNER INFORMATION: (If Ap	oplicable <b>)</b>	
NAME:	PHONE NUMBER	₹:
HOME ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL ADDRESS:		_
PROPERTY MANAGER INFORMATION:	(If Applicable)	
COMPANY NAME:		
CONTACT NAME:		
BUSINESS ADDRESS:		
CITY:	STATE:	_ ZIP:
PHONE NUMBER:	FAX NUMBER:	
E-MAIL ADDRESS:		
The person signing this form acknowledges that the districts. The owner or their designated agent, are inspection compliance dates within the time frames office. The Codes Compliance office should be no occupied or change from owner occupied to rental	responsible for scheduling all inspections s designated unless prior arrangements a ptified by letter should this property change	s and meeting the re made through this
Signature of Person Completing Form		
Date Own	er / Agent (circle one)	